



# Colorectal Cancer Control Program

Colorado Department of Public Health & Environment

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**COLORADO**  
Department of Public  
Health & Environment

# Program Description

- The Centers for Disease Control and Prevention's Colorectal Cancer Control Program (CRCCP) helps states and tribes across the United States increase colorectal cancer screening rates among men and women aged 50 years and older. An increase in screening rates will reduce illness and death from colorectal cancer.
- Colorado is one of 30 CRCCP-funded agencies



# Colorado's CRCCP Goal

- To reduce the morbidity and mortality of colorectal cancer in Colorado through a multi-pronged approach to a more comprehensive cancer and health systems-focused approach...
  - Increasing screening rates within health systems (in prioritized populations)
  - Integrating and collaborating with other aligned programs
  - Engaging with health system, health plans and other partners



# 2011-2015 CRCCP Grant

- Initially funded for CRCCP in 2010, the structure was strategically shifted beginning in 2011
- Minimized direct care services
  - Impact screening rates more than direct services
  - Impact sustainability
- Piloted clinic quality improvement and implementation of evidence-based interventions at two FQHCs in 2012



# CRCCP Early Successes

- In 2 years: reduced funds for direct services by 69% and more than doubled number of people screened for colorectal cancer
- 12,000 additional people screened for colorectal cancer through health systems change activities
  - 200 additional screens per year through pilot
  - 3,800 additional screens per year through CQI
- The CRCCP Pilot conceived the more comprehensive Clinic Quality Improvement for Population Health initiative



# Building in Momentum

- Focused on implementation of evidence-based interventions among health systems to improve performance among prioritized populations
- Project model shifted to review-only baseline assessment as means of validating EHR reports
- Recognized as a national leader in process through start-up of new colorectal grant cycle (2015-2020)



# Clinic Quality Improvement for Population Health (CQI)

- Helps organizations make systems changes using evidence-based interventions (EBI) for cancer screening and chronic disease management.
- Receives cross-cutting funding from multiple CDC programs, including:
  - Colorado's Colorectal Cancer Control Program (CRCCP)
  - Colorado's Breast and Cervical Cancer Program (BCCP) called the Women's Wellness Connection (WWC)
  - Colorado Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program
  - Chronic Disease and School Health program



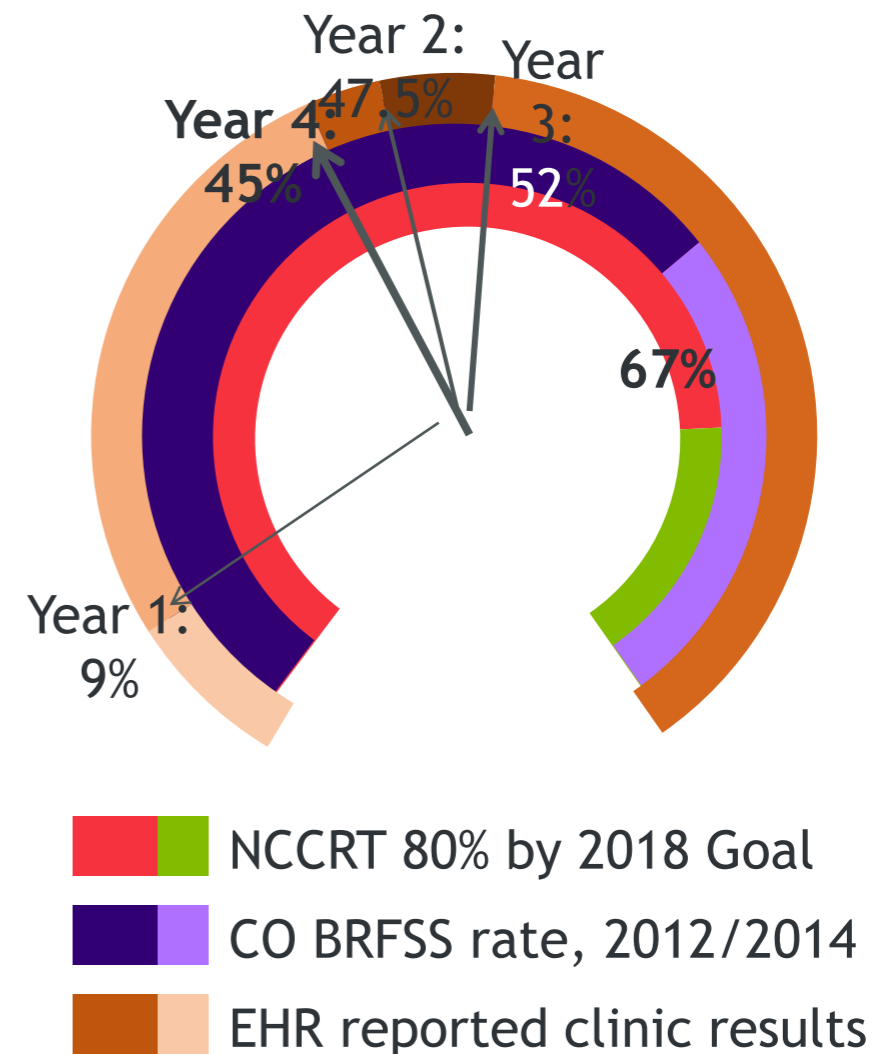
# Pilot Clinic Success Example

The **overall CRC screening compliance** rate **nearly quadrupled** (10% to 48%)

The percent of clients receiving a **colonoscopy increased 5-fold** (4.4% to 26%)

The percent of clients receiving **FIT kits increased 3-fold** (5.7% to 22.1%)

## Colorectal Cancer Screening Rates



# Colorectal Cancer Screening Rate

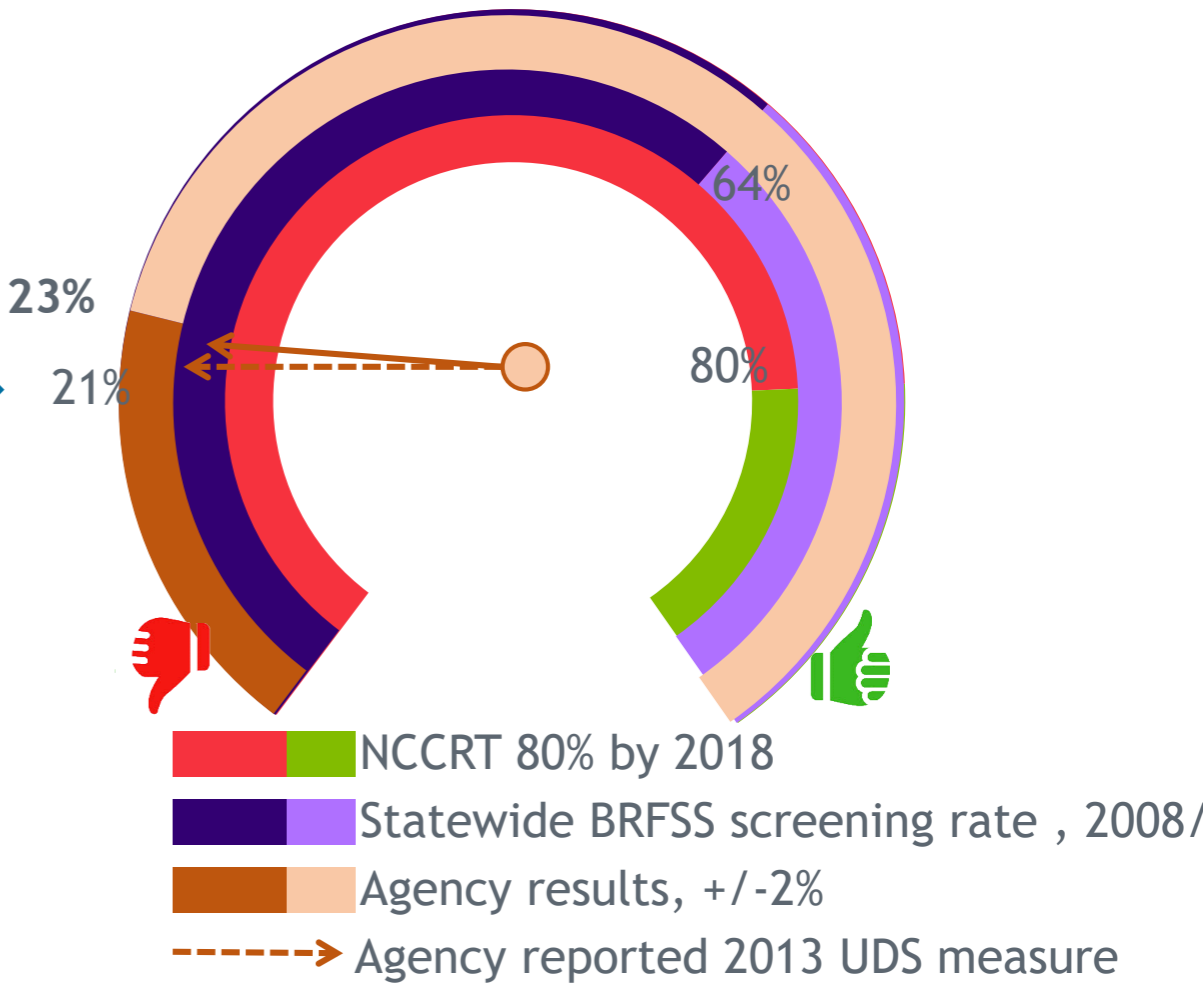
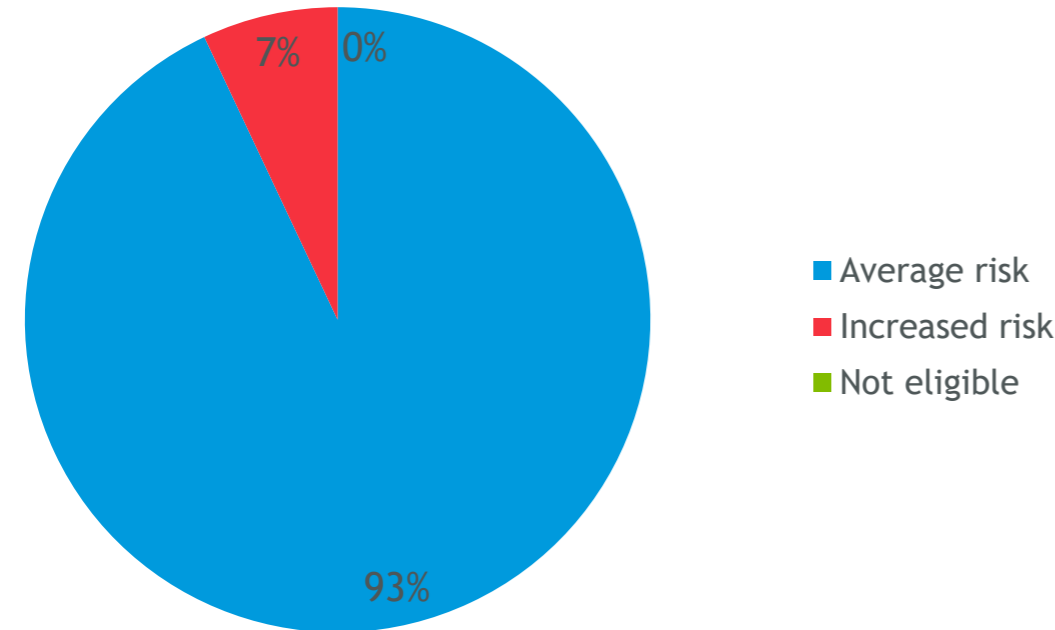
## Clinic (Agency-wide)

Compare to NQF0038 & UDS

App  
C  
Accept  
sigmoidoscopy or double contrast barium

Data makes the case for EBIs to improve screening rates

Client Risk History



**Chart Auditor Feedback:**

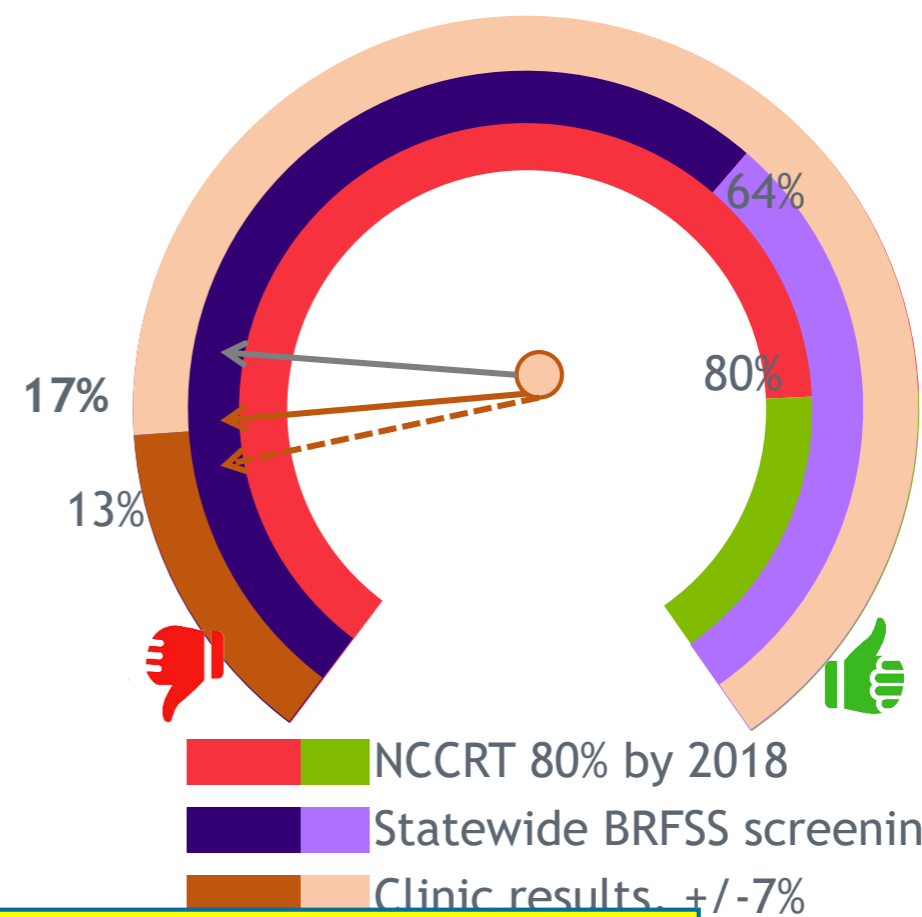
- FOBT/FIT offered when colonoscopy refused or upon request. No documentation of F/U
- Colonoscopy found in diagnostic imaging; order in labs

# Colorectal Cancer Screening Rate

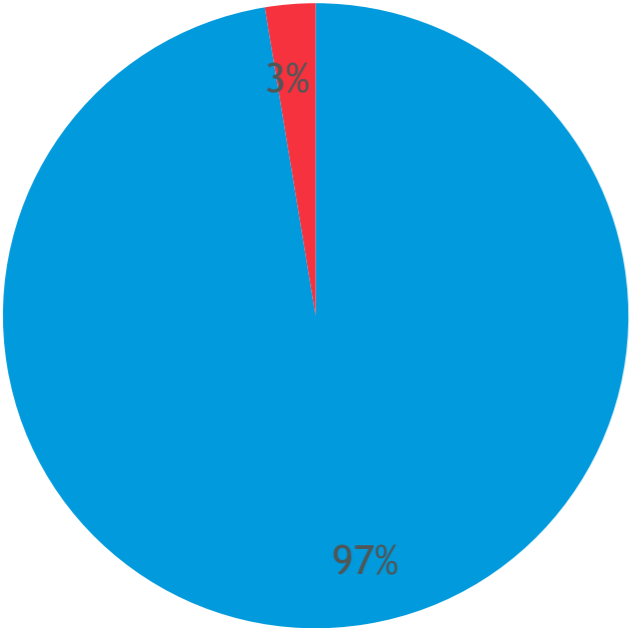
## Clinic #1

Compare to NQF0038 & UDS 6B  
19

Appropriate screenings include:  
FIT/FOBT within 1 year  
Colonoscopy within 10 years  
*Acceptable but uncommon: Flexible sigmoidoscopy or double contrast barium enema*



## Client Risk History



**Data makes the case for better family history collection.**

**Feedback:**  
Colonoscopy test. No F/U  
•Colonoscopy found in diagnostic imaging; order in labs

# Colorectal Cancer Screening Rate

Clinic #2

Compare

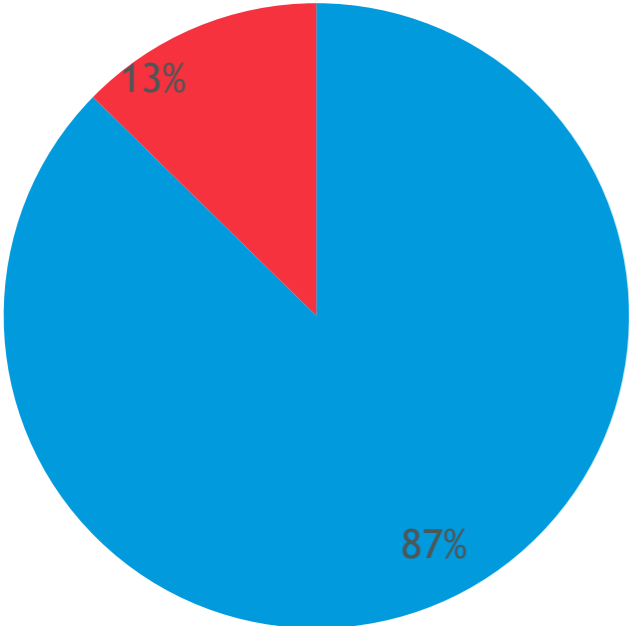
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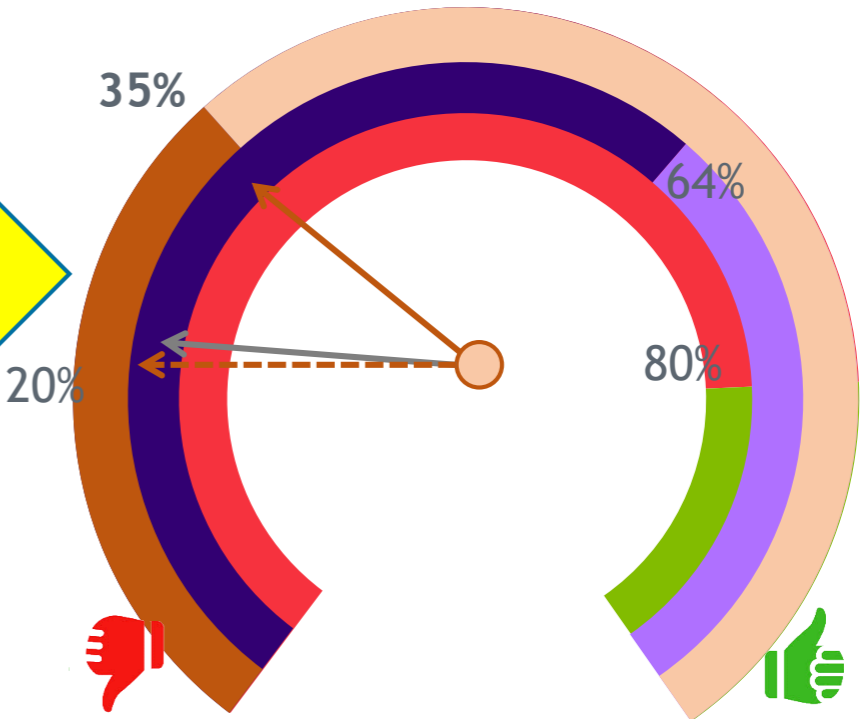
Data makes the case for standardized policy and workflow

Acceptable but uncommon: Flexible sigmoidoscopy or double contrast barium

## Client Risk History



Average risk  
Increased risk  
Not eligible

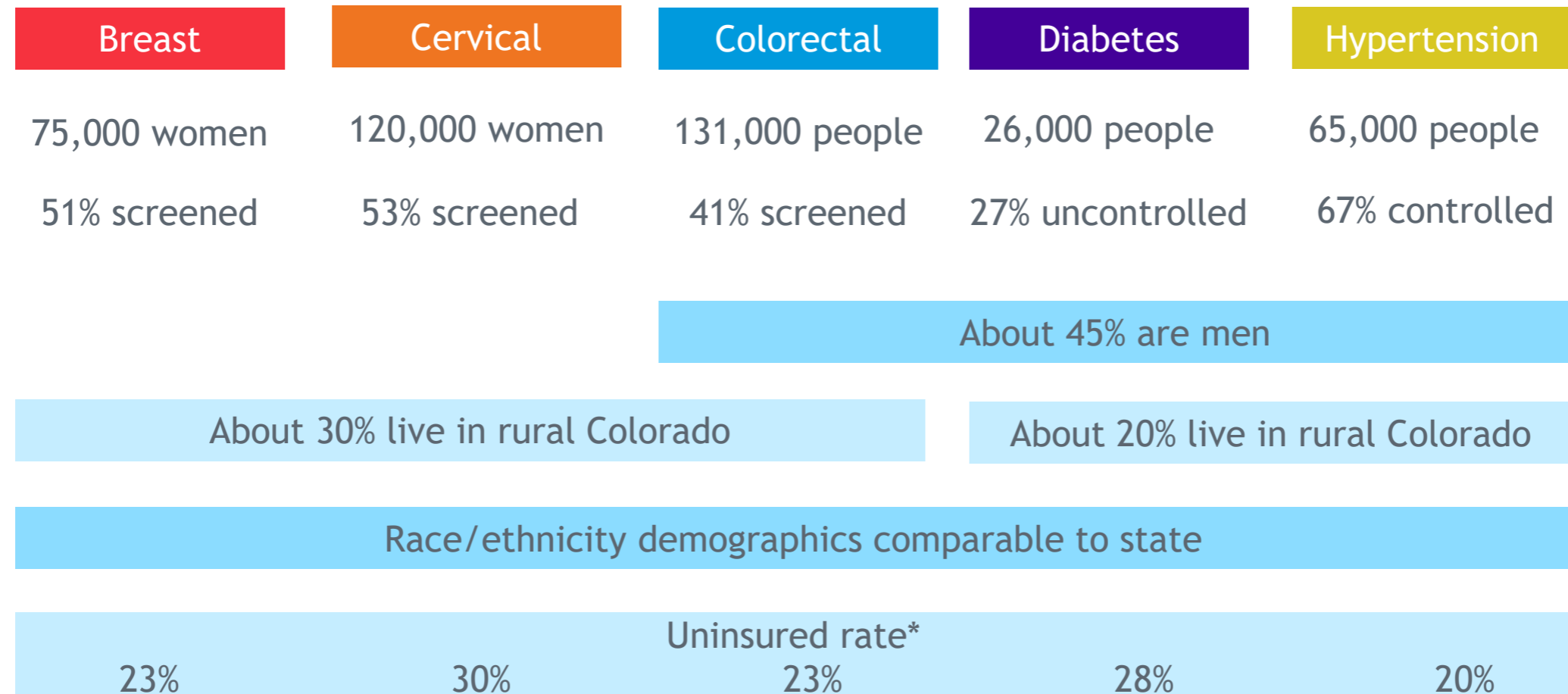


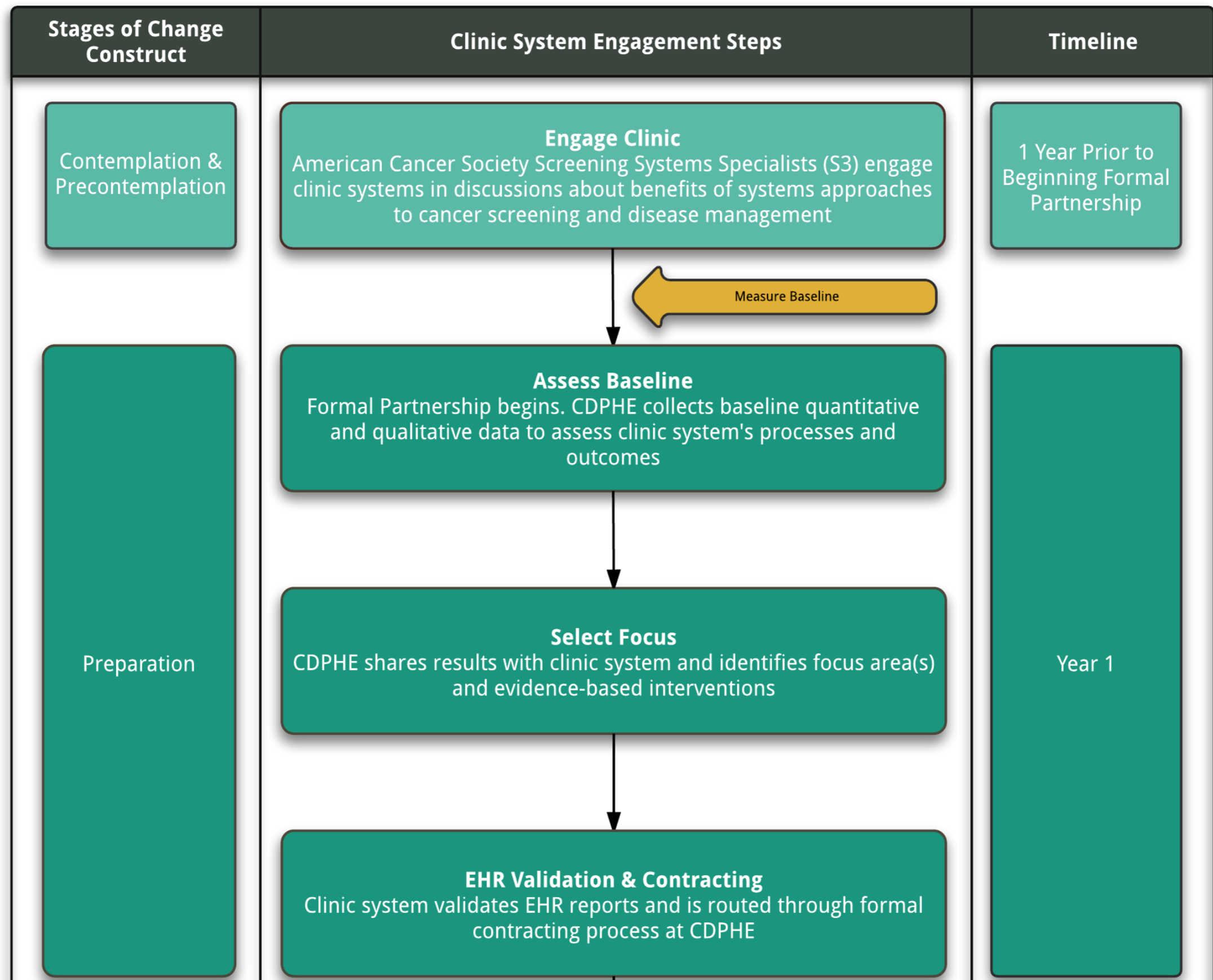
NCCRT 80% by 2018  
Statewide BRFSS screening rate , 2008/  
Clinic results, +/-10%  
Agency reported 2013 UDS measure

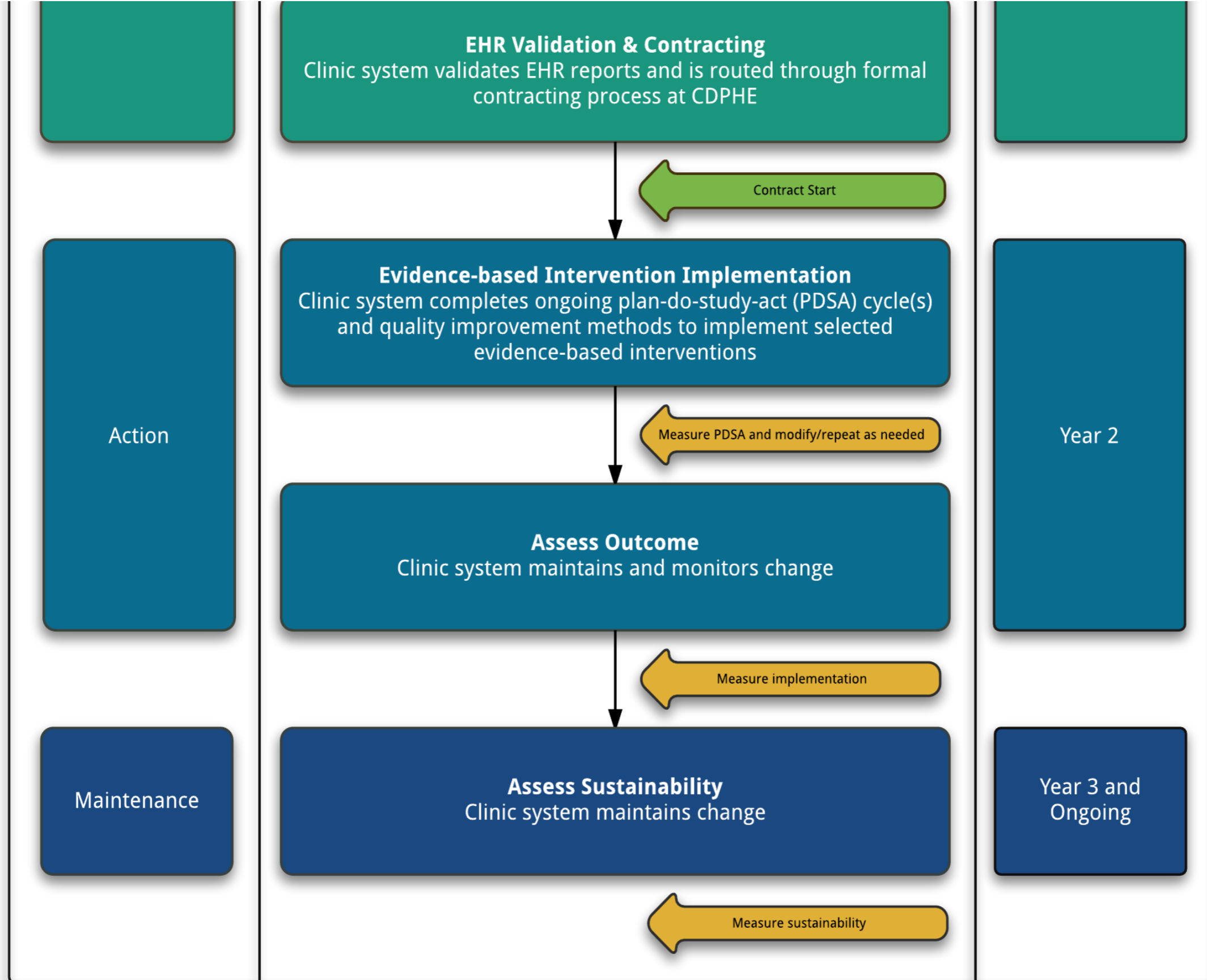
**Chart Auditor Feedback:**

- FOBT/FIT offered when colonoscopy refused or upon request. No documentation of F/U
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# Reach - CQI Initiative as of 2017







# Use the data to build the partnership!



- What is the clinic currently implementing?




- Can we align with their strategic direction?



- What barriers is the clinic experiencing?



- Can the CQI/CRCCP work address any of these barriers and if so, how?



- If the clinic could do anything to improve their CRC screening rates, what would they do?



# Thank you!

## Questions & Comments

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